Application for Employment

UNITED STATES PROBATION OFFICE

SOUTHERN DISTRICT OF ILLINOIS

Type or **print** all information. If your application does not provide all information requested, you may lose consideration for a job.

Name:	
Daytime Phone:	Evening Phone:
Position Applying For:	
Announcement Number:	
EPILIP.	

A part of the United States District Court, the United States Probation Office for the Southern District of Illinois assists the Court in both probation and pretrial functions through investigating and supervising individuals charged with or convicted of Federal crimes. The Probation Office provides coverage for 38 counties in Southern Illinois. In addition to the headquarters office in East St. Louis, a divisional office is located in Benton.

Return completed application to: U.S. Probation Office

Attn: Personnel - CONFIDENTIAL

302 West Main Street

Suite #2C

Benton, IL 62812

U.S. PROBATION OFFICE - SOUTHERN ILLINOIS APPLICATION FOR EMPLOYMENT Announcement No.:

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If You Need Additional Space, Continue Under "Remarks" Listing Item Number						
1. Name Last, First, Middle Initial		2. Phone Nu	mber	3. Social Sec	curity Number	
4. Present Address			5. Place of Bir	rth		
6. Other Names Previously Used for Employment Purposes 7. Date of Birth			- City			
	,	ly if applying bus Duty position)	State			
	Tot Trazardo	us Duty position)	Foreign Country			
GENERAL		•	r oreign count	.,		
8. Are you a U.S. Citizen? YES () NO () Give th						
9. a. Were you ever a Federal civilian employee? YES (NO () - If yes, high	nest civilian grade/salary:		_/	_	
b. Are you receiving a Federal annuity or severance payment? YES () NO () 10. Do you have any relatives who are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.						
11. Have you ever been discharged from a position or asked to resign under the threat of discharge? () YES () NO If yes, explain under Remarks.						
12. Have you ever been convicted? () YES () NO (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 of less). If yes, explain under Remarks.						
EDUCATION 13. a. Do you have a high school diplor	ma or G.E.D.? ()Y	res () no				
 Name and location of colleges or universities attended (including law schools) 	Dates Attended	Credit Hours Specify whether Quarter/Semester	Degree	Date Received	Grade Point Average and/or scholastic standing	
Chief Undergraduate Subjects	Credit Hours Specify whether Quarter/Semester	Chief Und	Specify		Credit Hours Specify whether Quarter/Semester	
c. Specify special skills, accomplishments, awards, honors, fraternities, sororities & societies						
d. Other schools or training such as trade, vocational, mi studied, certificates, and any other pertinent data.	ilitary, or business. Give	for each: Name and locati	on of school, da	tes attended, subjec	t	
MILITARY SERVICE	. () () -					
14. a. Have you ever served on active duty with the military	? () YES () !	NO If yes, attach a copy	of DD 214, Notic	ce of Separation		
b. Are you retired from military service? () YES	() NO					
APPLICANTS FOR LEGAL POSITIONS						
15. a. Are you admitted to the Bar? () YES () NO If yes, list the Bar(s) to which admitted and dates of admission:						
Is your Bar membership () Active () Inactive						
b. Did you attend a Bar review course? () YES () NO List type of course: Dates Attending: From: To						

WORK EXPERIENCE

Start with your present position and work back 10 years. Include experience while in military service and unpaid experience if the unpaid experience is related to the position for which you are applying. If you were unemployed for longer than three (3) months within the past ten (10) years, list the dates and your address(es) in an experience block. Use additional page(s) if necessary, providing all requested information for all positions.

A					
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position			
From: To:					
Salary or Earnings Starting: \$ Per	Classification Grade/Level (If in Federal service)	Place of Employment City	Kind of Business or Organization		
Final: \$Per		State or Country			
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Superviso	т		
Business Telephone: Area Code Number		Number of Employees You Supervised			
Reason for Leaving					
Description of Work					
В					
Dates of Employment (month, day, year) From: To:	Number of hours worked per week:	Exact Title of Your Position			
Salary or Earnings Starting: \$ Per Final: \$ Per	Classification Grade/Level	Place of Employment City State or Country	Kind of Business or Organization		
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Superviso	т		
Business Telephone: Area Code Number	Business Telephone: Area Code Number		Number of Employees You Supervised		
Reason for Leaving					
Description of Work					
REMARKS: (Use this space for continuation of answers. List the n	umber of items being continued.)				

CONTINUATION SHEET AO-78

If you need more experience blocks, continue in thi	s format, including your name	and Social Security Number on each	n additional sheet.	
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position		
From: To:				
Salary or Earnings Starting: \$ Per Final: \$ Per	Classification Grade/Level	Place of Employment City State or Country	Kind of Business or Organization	
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor	or	
Business Telephone: Area Code Number		Number of Employees You Supervised		
Reason for Leaving				
Description of Work				
		1		
Dates of Employment (nonth, day, year) From: To:	Number of hours worked per week:	Exact Title of Your Position		
Salary or Earnings Starting: \$ Per	Classification Grade/Level	Place of Employment City	Kind of Business or Organization	
Final: \$ Per		State or Country		
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor	or	
Business Telephone: Area Code Number		Number of Employees You Supervised		
Reason for Leaving				
Description of Work				
	_	1		
Dates of Employment (month, day, year) From: To:	Number of hours worked per week:	Exact Title of Your Position		
Salary or Earnings Starting: \$ Per Final: \$ Per	Classification Grade/Level	Place of Employment City State or Country	Kind of Business or Organization	
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor	or	
Business Telephone: Area Code Number		Number of Employees You Supervised		
Reason for Leaving				
Description of Work				

GENERAL INFORMATION

1.	Within the last ten years have you quit a job after being notified that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES", use the space below to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address YES[] NO[]]
2.	Have you ever been convicted, been imprisoned, forfeited collateral, been on probation or parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES", use the space below to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.]
3.	Have you been convicted by a military court-martial in the past ten years? (If no military service, answer "NO".) If "YES", use the space below to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved YES[] NO[]]
4.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use the space below to provide the type, length, and amount of the delinquency or default and steps that you are taking to correct the error or repay the debt. YES[] NO[]]
5.	Have you ever applied for a U.S. Probation/Pretrial Services Officer or Officer Assistant position in this district or any other district in the United States? If yes, give names of districts and approximate dates of application. YES[] NO[]]
6.	What is the minimum rate of pay you would accept?	
	CONTINUATION SPACE Attach additional sheets if necessary to explain any of the above responses. Be sure to identify attached sheets with your name and Social Security Number.	
	May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first.]
	APPLICANT CERTIFICATION: I certify that, to the best of my knowledge and belief, all of	
	the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated. I understand employment is at will and is subject to termination by the Court.	
	SIGNATURE DATE SIGNED	

United States Probation Office Southern District of Illinois

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

This information is being solicited pursuant to Public Law 93-579, the Privacy Act of 1974, from individuals completing federal records and forms requesting personal information. Complete this form and submit it with your application. The form will be separated from your application and kept confidential. The information is being gathered to evaluate the effectiveness of the recruitment process. It will be used only for statistical and analytical purposes.

NAME:	SOCIAL SECURITY #:	
	ANNOUNCEMENT NO., IF APPLICABLE):	
HOW DID YOU LEARN ABOUT THIS	S VACANCY? (SELECT ONE)	
Newspaper, professional publication	on or other published source (specify):	
Internet:	Referred by current employee of U.S. Probation:	
Referred by another U.S. Probation	Office (Please specify):	-
Career Day or College/University P	lacement Office (Please specify):	_
Other means (Please specify):		
SEX		
Male Female		
AGE		
Under 21 21-30 3	31-40 41-50 51-60 Over 60	
DISABILITY		
No Yes		
If yes, please explain:		
RACE/ETHNICITY		
White: Black/Af	rican-American: Hispanic/Latino: _	
Native American/American Indian of	or Alaskan Native: Asian:	
Native Hawaiian/Pacific Islander:	Other:	
THE INFORMATION ABOVE IS ACC	URATE TO THE BEST OF MY KNOWLEDGE:	

Date: _____

Signature: